County: Monroe
MORROW MEMORIAL HOME/AGED, INC.
331 SOUTH WATER STREET
SPARTA 54656 Phone: (608) 269-3
Operated from 1/1 To 12/31 Pays of Operation

Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified?
Average Daily Census:

Non-Profit Church Related Skilled No

107

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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	31/00)	Length of Stay (12/31/00	%
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals	No No Yes No No No No Yes	Primary Diagnosis Developmental Disabilities Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures	0. 0 18. 9 2. 8 0. 0 0. 0 1. 9 2. 8	Age Groups Under 65 65 - 74 75 - 84 85 - 94 95 & Over	1. 9 5. 7 29. 2 52. 8 10. 4	Less Than 1 Year 1 - 4 Years More Than 4 Years ***********************************	34. 9 43. 4 21. 7 100. 0 **********************************
Other Meals Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for Developmentally Disabled ************************************	No Yes No No No	Cardi ovascul ar Cerebrovascul ar Di abetes Respi ratory Other Medical Conditions	45. 3 2. 8 5. 7 5. 7 14. 2 100. 0	65 & Over Sex Male Female	98. 1 	RNs LPNs Nursing Assistants Aides & Orderlies	11. 2 5. 4 44. 8

Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)			Other Private			Pay	 I	Manageo	d Care		Percent		
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	Ŭ	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	2	2. 7	\$116.43	0	0. 0	\$0.00	1	3. 0	\$130.00	0	0. 0	\$0.00	3	2. 8%
Skilled Care	0	0. 0	\$0.00	60	82. 2	\$99. 68	0	0. 0	\$0.00	26	78. 8	\$120.00	0	0.0	\$0.00	86	81. 1%
Intermedi ate				11	15. 1	\$82. 93	0	0.0	\$0.00	6	18. 2	\$110.00	0	0.0	\$0.00	17	16.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	0	0.0		73 1	00.0		0	0.0		33	100.0		0	0.0		106	100.0%

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Conditio	ns, Services	s, and Activities as of 12	2/31/00
beachs builing hepoteting ferrou		\		%	Needi ng		Total
Percent Admissions from:		Activities of	%		stance of	% Totally	Number of
Private Home/No Home Health	16. 1	Daily Living (ADL)	Independent		r Two Staff	Dependent	Resi dents
Private Home/With Home Health	10. 7	Bathi ng	0.0	one o	73. 6	26. 4	106
Other Nursing Homes	23. 2	Dressi ng	23. 6		67. 9	8. 5	106
Acute Care Hospitals	37. 5	Transferring	43. 4		38. 7	17. 9	106
Psych. Hosp MR/DD Facilities	0.0	Toilet Use	42. 5		36. 8	20. 8	106
Rehabilitation Hospitals	0. 0	Eating	83. 0		14. 2	2. 8	106
Other Locations	12. 5	*******	******	******	*******	*********	******
Total Number of Admissions	56	Continence		%	Special Trea	ntments	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	3. 8		Respiratory Care	11. 3
Private Home/No Home Health	11.9	Occ/Freq. Incontinent		40. 6		Tracheostomy Care	0. 0
Private Home/With Home Health	1. 7	Occ/Freq. Incontinent		11. 3	Recei vi ng	Sucti oni ng	0. 0
Other Nursing Homes	6.8	1			Recei vi ng	Ostomy Care	3. 8
Acute Care Hospitals	0.0	Mobility				Tube Feeding	0. 0
Psych. HospMR/DD Facilities	0. 0	Physically Restraine	d	0. 0		Mechanically Altered Diet	
Reĥabilitation Hospitals	0. 0				8	3	
Other Locations	1. 7	Skin Care			Other Reside	ent Characteristics	
Deaths	78. 0	With Pressure Sores		4. 7	Have Advar	ice Directives	92. 5
Total Number of Discharges		With Rashes		5. 7	Medi cati ons		
(Including Deaths)	59				Recei vi ng	Psychoactive Drugs	51. 9
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	Ownershi p		ershi p:	Bed Size:		Li censure:			
	Thi s	Nonprofit		100- 199		Skilled		Al l	
	Facility	Peer	Group	Peer	Group	Peer Group		Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96. 4	88. 0	1. 10	82. 6	1. 17	84. 1	1. 15	84. 5	1. 14
Current Residents from In-County	80. 2	79. 3	1. 01	79. 7	1.01	76. 2	1. 05	77. 5	1.03
Admissions from In-County, Still Residing	46. 4	24. 2	1. 92	22. 3	2.08	22. 2	2.09	21. 5	2. 16
Admi ssi ons/Average Daily Census	52 . 3	102. 4	0. 51	126. 4	0.41	112. 3	0. 47	124. 3	0.42
Discharges/Average Daily Census	55. 1	99. 2	0. 56	127. 9	0.43	112.8	0.49	126. 1	0.44
Discharges To Private Residence/Average Daily Census	7. 5	33. 8	0. 22	52. 7	0. 14	44. 1	0. 17	49. 9	0. 15
Residents Receiving Skilled Care	84. 0	88. 7	0. 95	89. 2	0. 94	89. 6	0. 94	83. 3	1. 01
Residents Aged 65 and Older	98. 1	96. 0	1. 02	95. 1	1.03	94. 3	1.04	87. 7	1. 12
Title 19 (Médicaid) Funded Residents	68 . 9	68 . 6	1.00	70. 7	0. 97	70. 1	0. 98	69. 0	1.00
Private Pay Funded Residents	31. 1	26. 2	1. 19	19. 5	1.60	21.4	1.46	22. 6	1. 38
Developmentally Disabled Residents	0. 0	0. 6	0.00	0. 9	0.00	0. 9	0.00	7. 6	0.00
Mentally Ill Residents	21. 7	38. 6	0. 56	36. 3	0. 60	39. 6	0. 55	33. 3	0. 65
General Medical Service Residents	14. 2	16. 4	0. 86	19. 1	0.74	17. 0	0. 83	18. 4	0. 77
Impaired ADL (Mean)	38. 7	46. 9	0.82	48. 4	0. 80	48. 2	0.80	49. 4	0. 78
Psychological Problems	51. 9	53. 4	0. 97	49. 3	1.05	50. 8	1. 02	50. 1	1.04
Nursing Care Required (Mean)	5. 7	6. 5	0. 87	6. 5	0. 87	6. 7	0.84	7. 2	0. 79